



City of Waukesha Parks, Recreation & Forestry
Cool Before and After School Child Information Form



Banting - Bethesda - Hawthorne - Heyer - Lowell - Prairie - Randall - Rose Glen

One form per child is required, all lines must be completed or place N/A.

Child's Name _____
First Middle Last

Date of Birth ____/____/____ **Age** ____ **Grade** ____ **School** ____ **Home Phone** _____

Address _____ **City** _____ **Zip** _____

Parents/Guardians

Parent/Guardian 1: _____ **Relationship:** _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____

Parent/Guardian 2: _____ **Relationship:** _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____

Parent/Guardian 3: _____ **Relationship:** _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____

Parent/Guardian 4: _____ **Relationship:** _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____

Emergency Contacts

Name _____ Relationship to Child _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name _____ Relationship to Child _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Persons Authorized to pick up Child other than Parents:

Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____
Name _____	Phone _____	Relationship: _____

(More on back)

Child Health/Behavior

Does your child have any allergies, previous serious illnesses, medications, behavioral concerns, special needs, etc.?
___ Yes ___ No

If yes, please explain: _____

Child's Physician _____ Phone: _____

Any other Information, you would like to share with Staff regarding your child: _____

NEW: Cool Before/Afterschool Parent Manual Sign-Off

This document must be completed, signed and turned in at the time of registration.

As you register your child/ren for our before and/or after school programs, it's time to touch base on procedures that oftentimes are forgotten. We feel this happens primarily because there is so much information coming at families for the school year that it is tough to absorb it all. To assist in this matter, we are highlighting certain points that are very important and need to stand out. They are the following:

- 1.) Each site has a site phone number, which you can contact staff during program hours as well as leave messages anytime that staff will pick up. We ask that you leave a message if your child will not be attending the program, if someone other than yourself is picking up your child or if you are going to be later than 6pm.
- 2.) There is a late fee when picking up your child after 6:00pm. There is a \$5.00 charge per child for each fifteen minutes after six o'clock.
- 3.) For your child's safety and security, we need families to physically sign their child in and sign out their child everyday. This is our legal record of a child's attendance for both before school and afterschool.
- 4.) If someone who is not listed on the Child Information form is picking up your child, and you have not notified program staff that your child will be picked up by someone not listed, we will not release your child with that person until we can get verbal or written verification from you.

Please sign the form below to indicate that you have read and reviewed this information and the WPRF Cool Before/Afterschool Parent Manual.

I, (print name) _____ have read and reviewed the Parent Manual and understand the Cool Before and Afterschool program's policies and procedures.

Parent/Guardian Signature: _____ Date: _____

Thank you! All information on this form is kept in confidence and shared only with WPRF Before/Afterschool program staff and administrators



City of Waukesha Parks, Recreation & Forestry
Authorization to Administer Prescribed or Over the Counter Medication



**ONLY NEEDS TO BE COMPLETED AND RETURNED IF YOUR CHILD WILL BE
TAKING MEDICATION AT THE BEFORE AND/OR AFTERSCHOOL PROGRAM**

I form per child is required if taking medication

PARENTAL CONSENT

Child's Name: _____ **Date of Birth:** _____
Address: _____ **City:** _____ **Zip:** _____
Cool School Site: _____

Parent/Guardian: _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

I give permission for my son/daughter to receive the medication authorized by his/her physician. I give permission to share this information with the appropriate WPRF staff. I will:

- 1.) Deliver medication to Cool School Staff in pharmacy-labeled container (prescription only) or original container/packaging (over the counter only).
- 2.) Maintain a sufficient supply of medication at school.
- 3.) Obtain a new authorization form if any changes occur with this medication.
- 4.) Pick up any un-used medication.

Parent/Guardian Signature: _____ **Date:** _____

PHYSICIAN ORDER

I am prescribing medication for (child's name) _____, which is as follows:

Name of Medication	Dosage	Form of Administration	Time	Possible Adverse Side Effects

For inhaled medications, only – check appropriate line:

_____ In my opinion, this student demonstrates the ability to carry and self-administer the above medication.
_____ In my opinion, this student should not carry and self-administer the above medication

The above order shall remain in effect through the end of the Cool School program for the 2017-2018 School Year unless discontinued or changed by me or if the parent/guardian withdraws the request in writing.

Physician's Name: _____ **Phone Number:** _____
Physician's Signature: _____ **Date:** _____